

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

LED NOV 15 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

35485

Registration District No.

274

Primary Registration District No.

2252

Registrar's No.

320

1. PLACE OF DEATH

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
321 E. Morgan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

VIRGINIA MARTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased

1 (Month) 7 (Day) 1897 (Year)

8. AGE:

Years

Months

Days

If less than one day

46

10

10

hr. min.

9. Birthplace

Pilot Grove Mo (City, town, or county) (State or foreign country)

10. Usual occupation

Housework

11. Industry or business

Self

12. Name

George Martin

13. Birthplace

Unknown (City, town, or county) (State or foreign country)

14. Maiden name

Fannie Henderson

15. Birthplace

Pilot Grove Mo (City, town, or county) (State or foreign country)

16. (a) Informant

Robert Mitchell

(b) Address

321 E. Morgan St.

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof 10-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation

Glenwood Cemetery

18. (a) Signature of funeral director

J. D. Ferguson

(b) Address

417 E. Jefferson St. Sedalia Mo

19. (a)

10/19/43 (Date received local registrar)

J. M. Gorman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia (If outside city or town limits, write "RURAL")  
(d) Street No. 321 E. Morgan (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1943 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 18, 1943, to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death from history acute alcoholism

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

H. I. Bishop (M. D. or other)

Address

Sedalia Mo Date signed 10-18-43

8064

1021

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

, Registered Apprentice No.

working under my personal supervision.

Signed

*F. D. Ferguson*

Licensed Embalmer No.

2172

P. O. Address

*Sedalia, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.